



LODESTAR PREGNANCY OUTCOME FORM

Items marked with a circled star (★) are optional.

Funding Source: **AFLP** **Cal-Learn** **Other** (1-6)

Client ID No. _____ Case Manager _____

Client Name _____
First M.I. Last

Index Child

- 1-Index child birth outcome
- 2-Non-Index child birth outcome

Date Of Delivery/ _____/_____/_____
Other Outcome MM / DD / YY

Cal-Learn Case Management Participation

- 1-Usually available to meet w/ CM
- 2-Sporadic participation
- 3-None, unable to locate/contact
- 4-Client refuses case management - does not turn in report cards
- 5-Client declines case management, but turns in report cards
- 8-Not applicable (not Cal-Learn)

If you answer 3-5 above, you need not complete the rest of this form

Pregnancy Outcome

- 1-Live birth
- 2-Fetal death
- 3-Other

Weeks Of Gestation

Enter no. of weeks at delivery - OR -
99 -Unknown

Type Of Birth

- 1-Single
- 2-Multiple

(If multiple birth, please attach Additional Child Matrix Form).

Child's Name (if known)

First _____ M.I. _____

Last _____

Child Gender

- 1-Female
- 2-Male

★Child's Social Security No.

_____ - _____ - _____

Birthweight _____lbs. _____oz.

Enter:88 in the lbs. field-If No Live Birth
99 in the lbs. field-If Unknown

Length Of Hospital Stay At Delivery (Client)

- 1-Less than 1 day
- 2-One - three days
- 3-Four or more days
- 4-Home birth
- 8-Not Applicable
- 9-Unknown

Length Of Hospital Stay At Delivery (Infant)

- 1-Less than 1 day
- 2-One - three days
- 3-Four days - one month
- 4-Over 1 month
- 5-Home birth
- 8-Not Applicable
- 9-Unknown

Trimester Prenatal Care Began

- 0-No prenatal care
- 1-First trimester (1-13 wks)
- 2-Second trimester (14-26 wks)
- 3-Third trimester (27+ wks)
- 9-Unknown

Prenatal Care Setting

- 1-Private office
- 2-Health care clinic
- 3-Other setting
- 4-No prenatal care
- 9-Unknown

Source Of Prenatal Care Payment

- 1-MediCal
- 2-Private insurance
- 3-Third-party payer
- 4-Self pay/cash
- 9-Unknown

Total Number Of Children The Teen Has Given Birth To

(Enter exact number 0-7, 8 if 8 or more, or 9 if unknown.)

Total Number Of Children In Client's Custodial Care

(Enter exact number 0-7, 8 if 8 or more, or 9 if unknown.)

Marital Status

- 1-Single, never married
- 2-Married
- 3-Other
- 9-Unknown

Work/Employment Status

- 1-Does not work
- 2-Seeking employment
- 3-Working
- 4-In job training
- 9-Unknown

Last Grade COMPLETED

- 00-No formal education
- 01-1st, 02-2nd, 03-3rd, 04-4th, 05-5th, 06-6th, 07-7th, 08-8th, 09-9th, 10-10th, 11-11th grade, 12-diploma
- 13-Completed GED pretest
- 14-Completed GED
- 15-Completed CHSPE
- 16-Some post secondary education
- 17-Other
- 99-Unknown

Client ID No. _____

<p>K-12 School Status _____</p> <p>01-In School (Includes: Enrolled - attending or not, School Break, Excused Absence, Suspended)</p> <p>Not In School Because:</p> <p>02-Transportation Barrier 03-Child Care Barrier 04-Educational Barrier 05-Psycho-Social Barrier 06-Medical Barrier 07-Expelled 08-Refuses to Attend 09-Other Reason 10-GED/CHSPE Completed 11-High School Diploma</p> <p>99-Unknown</p> <p>Type Of School _____</p> <p>01-Elementary school (1-6) 02-Middle/Intermediate/Jr HS (6-9) 03-Regular/Traditional Sr. HS (9-12) 04-Continuation/Alternative school 05-Court/community school 06-Adult Education 07-Private school (K-12) 08-Vocational/Tech Prep. HS (9-12) 09-Other 88-Not enrolled/applicable 99-Unknown</p> <p>✪School District _____</p> <p>✪School Code _____</p> <p>✪School Name _____</p>	<p>Primary Instructional Strategy _____</p> <p>1-Mainstream program 2-Independent Study 3-Temporary Home/Hospital instruction 4-Self-contained classroom 5-Correspondence School 6-Legal Home Schooling 8-Not enrolled in approved program 9-Unknown OR Not Listed Above</p> <p>Is client enrolled in a program for pregnant or parenting teens? _____</p> <p>1-Yes 2-No 9-Unknown</p> <p>Educational Goal _____</p> <p>1-HS Diploma 2-GED 3-CHSPE 4-Post secondary 5-None at this time 9-Unknown</p> <p>Post-Secondary School _____</p> <p>1-Technical/vocational school 2-Community college 3-Four-year college/university 4-Other 8-N.A. (not currently enrolled) 9-Unknown</p>	<p>Who shares the client's domicile? Enter the exact number (0-50) of each of the following individuals living with the client. Do not include the client or the client's children in the count. Enter 0 if none, 99 if unknown:</p> <p>Index Child's Other Parent _____</p> <p>Client's Partner _____ (if not other parent)</p> <p>Client's Relatives - Adults _____ - Minors _____</p> <p>Partner's Relatives - Adults _____ - Minors _____</p> <p>Other Non-Relatives -Adults _____ - Minors _____</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>✪School District _____</p> <p>✪School Code _____</p> <p>✪School Name _____</p> </div> <div style="width: 35%; vertical-align: top;"> <p>Type Of Housing _____</p> <p>1-House/apartment 2-Public housing 3-Hotel/motel 4-Shelter 5-Homeless 6-Other 7-Maternity home 8-Foster/group home 9-Unknown</p> <p>Number Of Times Client Has Moved In The Past 6 Months _____</p> <p>0-None 1 thru 7 – Use Exact Number 8-Eight or more 9-Unknown</p> </div> <div style="width: 30%; vertical-align: top;"> <p>Does client feel safe: With Index Child's other parent? _____</p> <p>With partner (if not other parent)? _____</p> <p>With family? _____</p> <p>In the neighborhood? _____</p> <p>In school? _____</p> <p>Answer each: 1-Yes 2-No 8-Not applicable 9-Unknown</p> </div> </div>		

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Client ID No. _____

<p>Medical Condition _____ (Index Child only) 1-Known 2-Suspected 3-None 8-Not Applicable - Non-Index Child 9-Unknown</p> <p>Number Of Children In Client's Custodial Care With A Known Or Suspected Medical Condition _____ (Include Index Child/current birth. Enter exact number 0-7, 8 if 8 or more, or 9 if unknown. Enter 0 if None or No Other Children.)</p>	<p>Client Risk Factors Has the <u>client</u> experienced any of the following risk factors <u>within the last 6 months</u>?</p> <p>Medical Condition _____</p> <p>Hospitalization _____</p> <p>ER Visit _____</p> <p>Gang Involvement _____</p> <p>Truancy _____</p> <p>Arrested _____</p> <p>Probation _____</p> <p>Client Alcohol Abuse _____</p> <p>Other Negative Alcohol Impact _____</p> <p>Client Substance Abuse _____</p> <p>Other Negative Substance Impact _____</p> <p>Restraining Order:</p> <p>Client Against Other _____</p> <p>Other Against Client _____</p>	<p>Risk Factors (cont.)</p> <p>Abuse:</p> <p><u>Physical:</u></p> <p>Client _____</p> <p>Child _____</p> <p>Other Negative Impact _____</p> <p><u>Sexual:</u></p> <p>Client _____</p> <p>Child _____</p> <p>Other Negative Impact _____</p> <p><u>Emotional:</u></p> <p>Client _____</p> <p>Child _____</p> <p>Other Negative Impact _____</p> <p>Use the following codes: 1-Yes 2-No 3-Suspected (not forthcoming) 9-Unknown</p>
<p>Has Client Received Any Immunizations Or Booster Shots/Tests Since Last Reporting Period? _____ 1-Yes 2-No 9-Unknown</p>		
<p>Smoking _____ 1-Never smoked 2-Stopped smoking 3-Smokes less than 1 pack a day 4-Smokes 1 pack or more a day 9-Unknown</p> <p>Does client live with a smoker? _____ 1-Yes 2-No 9-Unknown</p>		

COMPLETE AND ATTACH SERVICE MATRIX FORM.

COMPLETE AND ATTACH FREE CODES FORM IF USED.

COMPLETE AND ATTACH ADDITIONAL CHILD MATRIX FORM IF MULTIPLE BIRTH.